**Are you the:**

Victim ☐ Witness ☐ Family member or friend of a victim impacted by a crime ☐ Professional ☐

**Personal information recorded on this form will be shared with support services dealing with the person referred. All details on this form will be stored safely and securely. Do you/they wish to opt out?**

Yes ☐ No ☐

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** (Mr/ Mrs/ Miss/ Ms/ Dr/ Other.) |  | **Self-defined Gender:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **D.O.B:** (dd/mm/yyyy) |  |
| **Preferred Name:** |  |

|  |  |
| --- | --- |
| **Address &** **Postcode):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Telephone No.** |  | **Mobile Telephone No.** |  |

|  |  |
| --- | --- |
| **Preferred safe contact method:** | Email ☐ Text ☐ Call mobile ☐ Call home ☐ Letter ☐ Via safe contact ☐ *(specify name/number of ‘safe’ person)*  |

|  |  |
| --- | --- |
| **Any contact conditions/special measures to** maintain **safety:** | *Consider: Protected Characteristics, disability, appointed person contact or carer ETC**REFERRALS INVOLVING DOMESTIC ABUSE MUST HAVE A SAFE CONTACT METHOD.* |

|  |  |
| --- | --- |
| **Repeat Victim?** *(A person who perceives themselves to be or who has been a victim of more than one reported crime or ASB incident within 12 months.)* | Yes ☐ No ☐ |
| **First Language?** (if not English) |  | **Interpreter required?** | Yes ☐ No ☐ |

## Referring Agency Details:

|  |  |
| --- | --- |
| **Agency Name:** |  |
| **Referrer’s Name:** |  |
| **Referrer email:** |  |
| **Office Tel:** |  | **Mobile Tel:** |  |

## Incident Details:

|  |  |
| --- | --- |
| **Crime/Incident Category:** | *E.g. Burglary, Domestic Abuse* |
| **Incident/Crime Date:**(dd/mm/yyyy) |  | **Crime Ref No:** |  |
| **Reported to Police?** | Yes ☐ No ☐ | **Or Method of self-referral:** |  |
| **Crime / Incident Details:** |  |
| **Impact on Victim:** | *Include additional factors that increase impact such as repeat victim or other events in victim's life.* |
| **Assessed Risk to Victim:** | *Assessment of the risk of victim being unable to cope in the short term. If considered high include any known referral details to social/health services –* ***Domestic Abuse referrals must include DASH****.* |
| **Any known risks to agency and staff by offender or other third party? :** | *Any other agencies known to currently be in contact with the victim: E.G: Social services, YOT, DIP?* |

## Agency Involvement

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name and SPOC** | **Date Support Started** | **Actions undertaken** | **Date Support Ended / or continuing (C)** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

## Agency that the victim/client is being referred to:

|  |  |
| --- | --- |
| **Agency Name:** |  |
|  **Named worker if known:** |  |
|  **email:** |  |
| **Office Tel:** |  | **Mobile Tel:** |  |
| What is the victim/client being referred for? What action is required? |